## MDR Tracking # M4-04-5285-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1-09-04.

## I. DISPUTE

Whether there should be reimbursement for CPT code 99214, rendered on 6/12/03.

## II. RATIONALE

Review of the requestors' position statement dated, 1/29/04, states in part, "that the injured worker had surgery on 10/28/02 and was seen by the requestor on 6/15/03 for a follow up." The requestor further stated that the respondent did not respond to their request for reconsideration.

Although the respondent submitted documentation in accordance to the commission's request for additional information, the respondent did not provide a position statement regarding the basis for denial of the office visit, nor did the respondent submit initial and reconsideration EOBs in accordance with §133.307 (e)(3)(B).

Review of the requester's and respondent's documentation revealed that neither party submitted copies of EOB's, however, review of the reconsideration HCFA and certified mail receipt reflected proof of billing in accordance with Rule 133.308 (f)(3). Since the carrier did not submit documentation demonstrating that final action was taken on the medical bill in accordance with §133.304 (b), (c), and (l), the disputed service will be reviewed according to the 1996 medical fee guidelines, therefore reimbursement is recommended in the amount of \$71. This administrative violation will be referred to the Commission's Compliance and Practice Division.

## III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99214 in the amount of \$71. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$71 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28<sup>th</sup> day of February 2005.

Regina L. Cleave Medical Dispute Resolution Officer Medical Review Division